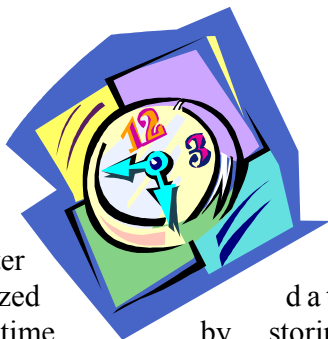


Board of Vocational Nursing
And Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, California 95833

Teresa Bello-Jones, J.D., M.S.N., R.N.
Executive Officer

Issue VIII, March 2000

Y2K What?



In the past, computer programmers minimized data storage and data entry time by storing the year as two digits, i.e., "97" – as opposed to four digits – "1997". Computer software that performed arithmetic operations, comparisons, or sorting on the date fields were expected to fail, or yield incorrect results when working with years beyond 1999 because many programs incorrectly interpreted "00" as "1900" rather than "2000"

Since 1996, the Board of Vocational Nursing and Psychiatric Technicians and the Department of Consumer Affairs' Office of Information Services repaired or replaced all "chip driven" systems or affected equipment. A business contingency plan was developed to ensure no interruption of the Board's mission-critical services to the public.

An onsite assessment team tested all electronic equipment, computer hardware, software, telephones, power, heating, and water on January 1, 2000.

The painstaking preparation and planning paid off! No problems occurred.

Healthcare Integrity and Protection Data Bank (HIPDB)

The Secretary of the U.S. Department of Health and Human Services, acting through the Office of Inspector General, was directed by the Health Insurance Portability and Accountability Act of 1996 to create the Healthcare Integrity and Protection Data Bank (HIPDB) to combat health care fraud and abuse.

The HIPDB is a national health care fraud and abuse data collection program for the reporting and

(Continued on page 2, see HIPDB)

MISSION STATEMENT

The mission of the Board of Vocational Nursing and Psychiatric Technicians is to protect the public welfare by ensuring that only qualified persons are licensed vocational nurses and psychiatric technicians by enforcing education requirements, standards of practice and by educating consumers of their rights.

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HIPDB

(Continued from Page 1)

disclosure of final adverse actions taken against health care providers, suppliers, or practitioners. It is a tracking system that contains the following types of information:

- Civil judgements against health care providers, suppliers or practitioners in Federal or State courts related to the delivery of health care items or services.
- Federal or State criminal convictions against health care providers, suppliers, or practitioners related to the delivery of health care items or services.
- Actions by Federal or State agencies responsible for the licensing and certification of health care providers, suppliers, or practitioners.
- Exclusion of health care providers, suppliers, or practitioners from participation in Federal or State health care programs.
- Any other adjudicated actions or decisions that the Secretary establishes by regulations.

Entities entitled to participate in the HIPDB include, but are not limited to:

Federal and State Government Agencies

- Department of Justice.
- Department of Health and Human Services.
- Any other Federal or State agency that either administers or provides payment for the delivery of health care services.
- State law enforcement agencies.
- State Medicaid Fraud Control Units.
- Other Federal and State agencies responsible for the licensing and certification of health care providers, suppliers, and practitioners.

Health Plans

- A policy of health insurance.
- A contract of a service benefit organization.
- A membership agreement with a health maintenance organization or other prepaid health plan.
- A plan, program, agreement, or other mechanism established, maintained or made available by a self-insured employer or group of self-insured employers, a practitioner, provider or supplier group, third-party administrator, integrated health care delivery system, employee welfare association, public service group or organization or professional association.
- An insurance company, insurance service, or insurance organization licensed to engage in the business of selling health care insurance in a State and that is subject to State law that regulates health insurance.

The Board is required to participate in the HIPDB in addition to its participation in the National Practitioners Data Bank (NPDB). All disciplinary actions, retroactive to August 21, 1996, against licensed vocational nurses (LVNs) and psychiatric technicians (PTs) will be reported to the HIPDB.

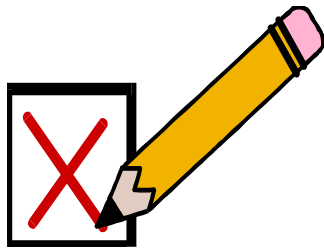
The proposed regulations to implement the HIPDB were published on October 26, 1999. On November 22, 1999, the Board registered with the HIPDB and entered into a contract with the National Council of State Boards of Nursing (NCSBN) establishing the NCSBN as its authorized reporting agent to the HIPDB.

Disciplinary actions taken against LVNs effective August 21, 1996, through November 22, 1999, were reported to the HIPDB by January 31, 2000. Disciplinary actions against LVNs effective November 22, 1999, through the present and disciplinary actions against PTs effective August 21, 1996, through the present will be transmitted after April 30, 2000.



California Counts

Census 2000



Every 10 years the Census Bureau is required by the U.S. Constitution to count every person in the United States. In mid-March, you will be mailed the official census questionnaire, and April 1, 2000 is Census Day. The census is one of America's most significant historical events. Thomas Jefferson was responsible for the first census conducted in 1790, so this coming March and April you will be participating in the 22nd census of the United States.

The census is important. Census information about the population of your community and the State of California is used to make major decisions, including expenditures and services for businesses, health care, roads, and schools. In the previous census in 1990, California had the largest "undercount" (people missed by the census) compared to all other states in the nation. As a result, we lost an estimated \$2.2 billion in federal funds that rightfully should have been spent in California, primarily on health care for the elderly.

If Californians do not fully participate in the 2000 census, we could lose over \$3 billion in federal funds during the next decade. Because of the seriousness of the problem, Governor Davis signed legislation to promote the census throughout California. In addition, Governor Davis appointed a task force, the California Complete Count Committee, to help maximize the number of Californians counted in the 2000 census.

The census is safe. Your census information is absolutely 100% confidential. The U.S. Census Bureau is strictly prohibited from sharing personal census information with any other individuals or organizations, public or private. By law, your answers on the census questionnaire cannot be given to anyone, including the Internal Revenue Service, courts, police, welfare agencies or the Immigration and Naturalization Service. Confidentiality is guaranteed.

It's your future. Don't leave it blank. The 2000 census will involve the government's largest peacetime commitment of human resources in the history of America. California and the U.S. Census Bureau are making unprecedented efforts to encourage everyone to participate in the census. But these efforts will only make a difference if we respond. So, please, when you receive your official census questionnaire in March, take a few minutes to complete the form and then mail it back promptly. (Make sure to mail your questionnaire back to the U.S. Census Bureau so census takers won't need to come to your door.)

For additional information, call the California Complete Count Campaign in Los Angeles (323) 965-2943 or Sacramento (916) 323-3301, or visit California's web site at www.census.ca.gov. And for more information, visit the U.S. Census Bureau's web site at www.census.gov.



LEGISLATIVE UPDATE



During the 1999 Legislative Session, the Board followed 40 bills. The following bills were signed into law and have a significant impact to the Board.

SB 1308 (Senate Business & Professions Committee) – Senator Liz Figueroa agreed to carry the Board's proposed fee change in the Senate Business and Professions Omnibus Bill (SB 1308). This bill makes changes to the regulation of various health care professionals and changes the licensing fees for vocational nurses (VNs) and psychiatric technicians (PTs). The Board's fees had not changed since January 1, 1991, for the VN Program and January 1, 1994, for the PT Program. Both programs were facing fund deficits by June 30, 2000 due to the increased costs associated with enforcement activities and automation mandates. The bill was signed by Governor Gray Davis on October 10, 1999 (Statutes of 1999, Chapter 655) and became effective January 1, 2000.

AB 394 (Kuehl) – This bill requires the Department of Health Services to adopt regulations that establish licensed nurse to patient ratios for all health facilities, as specified, and limits the nursing-related duties performed by unlicensed assistive personnel. This bill was signed by Governor Gray Davis on October 10, 1999 (Statutes of 1999, Chapter 945) and requires that regulations be effective January 1, 2001.

AB 655 (Scott) – This bill requires the Chancellors of the California Community Colleges and California State Universities to jointly develop a plan and budget to facilitate an increase in the number of students graduating from nursing programs in the State by forming an advisory committee. A report must

be submitted to the Governor and the Legislature on or before January 1, 2001. This bill was signed by Governor Gray Davis on October 10, 1999 (Statutes of 1999, Chapter 954) and became effective immediately as an urgency statute.

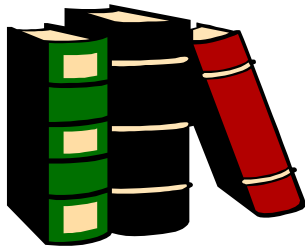
AB 1105 (Jackson) – This bill requires the Department of Consumer Affairs to submit a report annually to the Legislature by December 1st regarding the methods utilized by each licensing board for examination evaluation. Additionally, it specifies that a policy be developed regarding examination development, validation and occupational analysis. This bill was signed by Governor Gray Davis on July 6, 1999 (Statutes of 1999, Chapter 67) and became effective immediately as an urgency statute.

AB 1234 (Shelley) – This bill requires notice of a regular meeting of a state body be made available on the Internet. It further requires the written notice to include the address of the Internet site where required notices are made available. The bill was signed by Governor Gray Davis on September 15, 1999 (Statutes of 1999, Chapter 393) and becomes effective July 1, 2001. Although the bill becomes effective July 1, 2001, the Board immediately revised its web page to incorporate the provisions specified in this bill.

The Board will be analyzing the bill proposals underway for the 2000 – 2001 Legislative session. Bills impacting the Board will be printed in the next edition of the PRN.



REGULATORY UPDATE



On January 24, 2000, the Board conducted hearings in Sacramento, California, to obtain written and oral testimony regarding the Board's regulatory proposal relative to the Enforcement Program Disciplinary Guidelines and the Education Program School Requirements. Specifically, the regulations under consideration are:

➤ **Enforcement Program Disciplinary Guidelines**

Regulatory proposal to update the Board's Disciplinary Guidelines. The Board and Administrative Law Judges utilize these guidelines when taking action to suspend, revoke, deny or place a license on probation. This proposal would reflect current practice relative to recommended penalties for administrative disciplinary actions, as well as provide consistent format and modifications. It also includes other changes to ensure clarity and consistency.

➤ **Education Program School Requirements**

Regulatory proposal to implement amendments relative to school requirements, director handbook policies, preceptorships; examination pass rates, provisional accreditation; and to clarify the equivalent experience/education for the psychiatric technician military applicants. This proposal would clarify program components and tasks that must be performed by vocational nursing and psychiatric technician programs to ensure the development, implementation and maintenance of sound educational programs.

The regulations were adopted by the Board at its February 4, 2000 Board Meeting in San Diego. The Board submitted the final rulemaking files to the Department of Consumer Affairs (DCA) on March

1, 2000 for review and approval. DCA has thirty (30) calendar days to complete its review of the regulations. Upon DCA's approval, the rulemaking file will be transmitted to the Office of Administrative Law (OAL). OAL also has thirty (30) working days to review or reject the proposed regulations. The Board anticipates that the regulations will be effective sometime after July 1, 2000.

DHS CLARIFIES ACUTE CARE REGULATIONS

In 1996, the California Department of Health Services (DHS) revised Title 22 regulations of acute care facilities. Section 70215 of these regulations titled, "Planning and Implementing Patient Care" contained language which appeared to limit the LVN's performance of *patient assessment*. The limitation was incorrectly interpreted by many employers to mean that LVNs could no longer assess patients.

The Board brought the issue to the attention of the DHS, Division of Licensing and Certification (L&C). Subsequently, DHS responded to the Board in a June 9, 1999 letter, stating "Licensing & Certifications remains in agreement with the Board of Vocational Nursing and Psychiatric Technicians and the Board of Registered Nursing that the delegation of nursing tasks [by RNs to LVNs] in a general acute care hospital is clearly allowed by the current nursing service regulations."

As a result of this clarification, many nursing administrators indicate that they are now more confident in utilizing licensed vocational nurses for basic assessment (data collection).

- If you would like a copy of the DHS letter, please contact the Board's Education Unit at (916) 263-7843.
- If you have questions about the contents of the letter or Title 22 regulations, please contact the Legislation and Special Projects Unit within DHS at (916) 445-2070.

Continued Competence Update



As reported in recent issues of *PRN*, continued competence of licensed health care personnel has been under research since the mid 1960's. The question under examination by leading researchers in health care was "Is the continued competence of licensed health care givers required for continued practice?" This issue has also been under study by the Board of Vocational Nursing and Psychiatric Technicians. The shared theme is consumer protection.

In April and June 1998, public forums were held to elicit public input relative to the continued competence of LVNs and PTs for continued clinical practice. Substantial oral and written testimony was gathered. A final report was presented at the September 1998 Board meeting. The Board directed the establishment of a Continued Competence Task Force. Specifically, the Task Force was directed to study and make recommendations relative to a state – wide Continued Competency Program for licensed vocational nurses and psychiatric technicians.

Preliminary information was developed relative to a definition of continued competence, an implementation proposal, and core competencies for LVNs and PTs. In May 1999, the Board's Executive Committee decided to table further action at this time due to the number of critical State and federal issues impacting the delivery of health care and the practice of licensed vocational nurses and psychiatric technicians. This decision was ratified by the Board in June 1999. No further action is planned at this time.

FEE CHANGE EFFECTIVE JANUARY 1, 2000

On October 7, 1999, Senate Bill 1308 (Business and Professions Code) was signed into law by Governor Gray Davis and became effective January 1, 2000. This new law changed the Board's fee structure for the Vocational Nursing and the Psychiatric Technician Programs.

The new fee structure was necessary as the Board's operating expenses continued to increase despite the Board's implementation of numerous cost-cutting actions. These increased expenses are primarily associated with enforcement activities and mandated automation projects, which are totally outside the Board's control.

The Board is a "special fund agency" which means that its only source of revenue is through the collection of examination, licensing and renewal fees. The last fee increase occurred January 1, 1991 (VN Program) and January 1, 1994 (PT Program). Thus it was necessary to increase the fees. The fees will be used to meet increasing program costs and to support the Board's legal mandate to protect the public.

The new fees were effective January 1, 2000 and are published on the Board's web page at www.bvnpt.ca.gov.



Multistate Regulation of Nursing Practice: Update

In recent issues, *PRN* reported the National Council of State Boards of Nursing, Inc.'s adoption of a unique model for nursing licensure and practice known as mutual recognition or multistate regulation (MSR). Implementation would necessitate the adoption by the Legislature of a written interstate compact agreement.

Under such a model, state boards of nursing who adopted the compact would recognize an LVN or RN license issued by those states that are parties to the agreement. One license would be issued by the licensee's home state of residence. The LVN or RN would, thereby, be licensed in the home state of residence but authorized to practice in any state in which a compact agreement had been executed without obtaining another license.

In a non-unanimous vote on December 14 - 15, 1997, the Delegate Assembly adopted compact language and encouraged Member Boards to seek legislation authorizing nursing regulation by interstate compact.

To date, six (6) states have enacted compact legislation: Utah, Arkansas, Texas, Maryland, North Carolina, and Wisconsin. It's important to note that, with the exception of Texas, those states with the largest population of registered nurses and licensed vocational nurses remain opposed to MSR.

- Of the 17 states comprising Area I, Utah is the only state that has enacted compact legislation. No other state has introduced legislation.
- Of the 14 states comprising Area II, Wisconsin is the only state to enact compact legislation. Legislation has been introduced in 2 other states, Iowa and Nebraska.

- Of the 16 states that comprise Area III, 3 states have enacted compact legislation, Arkansas, Texas, and North Carolina. No other state has introduced legislation.
- Of the 14 state states comprising Area IV, Maryland is the only state that has enacted compact legislation. No other state has introduced legislation.

Both California Boards of Nursing remain cognizant of the realities of interstate practice, telecommunications, and the new millennium. However, an indepth analysis has evidenced that MSR could seriously cripple California's efforts to protect California consumers from unsafe practitioners. Further, MSR would have a severely negative economic impact on the California Boards enforcement programs.

California's Boards are committed to their mandate to protect the California Consumer. The Boards will continue to pursue other options that eliminate unnecessary barriers to licensure and practice without placing the California consumer at risk and diluting enforcement efforts.

Practice Errors

Most licensees are aware of the recent study alleging that many patients either die or their conditions are made worse by medical errors that are not reported. While LVN's or PT's are not specifically mentioned, the Board reminds its licensees that they are accountable for any unprofessional, grossly negligent or incompetent conduct. This includes errors of any kind which cause harm to California consumers. Additionally, pursuant to California Code of Regulations, Section 2518.6 and 2576.6, LVN's and PT's are required to report to the Board any incidences of unprofessional, grossly negligent or incompetent conduct.

NURSING WORK FORCE INITIATIVE ENTERS NEW PHASE

On October 7, 1999, the Board of Vocational Nursing and Psychiatric Technicians joined the Board of Registered Nursing and the California Strategic Planning Committee for Nursing (CSPCN) to co-sponsor a Nursing Summit in California. The Summit presented an update on the work that CSPCN has done to evaluate and forecast the future need for nurses in California. This project, known as the Nursing Work Force Initiative, has progressed through several stages relative to: 1) data collection, 2) development of a tool to forecast the need for nurses, and 3) structuring of a model to differentiate nursing practice.

CSPCN is now embarking on **implementation** of the nursing practice differentiation model. Nursing education programs ranging from vocational nursing through postgraduate registered nursing programs and clinical facilities are being given the opportunity to participate in pilot projects throughout the state. The pilot projects will demonstrate methods by which nursing education and service can work together to prepare nurses for different roles based on their respective levels of education.

Several educational and clinical facilities indicate interest in the pilot projects. The initial projects should be underway by the summer of 2000.

Three reports from the October 1999 Nursing Summit are still available. They include:

- Planning for California's Work Force: Phase II (final report);
- California's Framework for Competency-Based Role Differentiation in Nursing; and
- Strategies for Educational Mobility in Nursing: A Report of the California Educational Mobility Project.

The cost of each document is \$35.00 or \$60.00 for two (plus \$5.00 for shipping and handling). These publications are available from:

The Association of California Nurse Leaders
P.O. Box 1047
Sacramento, CA 95812

For more information about the reports, please call at (916) 552-7529 or fax to (916) 552-7585.

Policy on Issuance of Interim Permits To VN and PT Graduates



Business & Professions (B & P) Code, Sections 2872.2 and 4510.1, specify that only graduates of the Board's accredited or approved nursing or psychiatric technician programs may be issued an interim permit authorizing the applicants to practice **pending the results of the first licensing examination.**

Pursuant to Section 144 of the B & P Code, effective January 1, 1998, the Board withholds licensure for all applicants pending receipt of the criminal history information from the Department of Justice (DOJ). **This includes temporary licenses and interim permits.** Currently, criminal record reports from DOJ are being received 8-10 weeks from the date submitted to DOJ. As a result, many graduates schedule and/or take their examination by the time the DOJ clearance is received.

(Continued on Page 9, see Interim Permits)

Interim Permits

(Continued from Page 8)

Therefore, as of April 1, 1998, the Board only mails interim permit applications to individuals who have requested the application and meet the following criteria:

1. Inability to take the licensing examination within 3-6 months of graduation; **AND**
2. The DOJ criminal history report of the applicant has been received by the Board.

It is important to note that applicants wishing to perform the functions of an interim permittee are still required by law to possess a valid interim permit.

Automatic External Defibrillator Utilization

According to the U.S. Center for Disease Control, approximately 350,000 lives are lost each year due to sudden cardiac arrest. Death occurs prior to the individual ever reaching a hospital. Generally, the client suffers a sudden fatal arrhythmia, the most common of which is ventricular tachycardia. In such cases, this type of arrhythmia rapidly progresses to ventricular fibrillation. Without prompt intervention, death ensues shortly thereafter. According to medical research, the most effective treatment is electrical defibrillation. Prompt intervention is crucial.

Research has evidenced that the probability of successful recovery decreases approximately 10% each minute a client remains in fibrillation. Unfortunately, most clients arrest outside of health facilities and away from prompt medical intervention. Consequently, medical treatment is delayed and lives are lost. As a result, the mortality rate soars.

Recent legislation authored by Senator Liz Figueroa hopes to change this trend. Senate Bill 911 (signed

into law by Governor Davis on July 22, 1999) seeks to effectuate more timely intervention and reduce the loss of lives.

Upon completion of a basic cardiopulmonary resuscitation (CPR) course and an automatic external defibrillator (AED) course, immunity from civil liability is provided for licensed or unlicensed individuals who, in good faith and not for compensation, render emergency care or treatment with an AED at the scene of an emergency. Such immunity is granted contingent upon the courses' compliance with regulations adopted by the Emergency Medical Services (EMS) Authority and standards of the American Heart Association or the American Red Cross relative to CPR and AED use.

Immunity does not apply in those instances in which the client sustains personal injury or wrongful death as a result of gross negligence or willful or wanton misconduct of the individual rendering emergency care.

Accordingly, the Board's legal counsel has confirmed that an LVN or PT can utilize an AED in the resuscitation of clients with sudden cardiac arrest provided the licensee:

- Holds current CPR certification attesting their completion of a current CPR course that contains instruction in the use of an AED;
- Has completed CPR and AED instruction that complies with regulations adopted by the EMS Authority and standards of the American Heart Association or the American Red Cross; and
- Performs the procedure in accordance with a procedure or protocol developed or verified by a physician.



Psychiatric Technician Shortage: Update

In the last issue, *PRN* reported that a shortage of approximately 3,500 psychiatric technicians had been projected across the State. According to agency representatives, vacancies currently exist or are projected within Department of Developmental Services, Department of Mental Health, and Department of Corrections.

Factors prompting the shortage include the following variables.

- A philosophical change relative to the care and treatment of clients with mental disorders and developmental disabilities.
- The increasing numbers of State Correctional inmates with diagnosed mental illnesses and developmental disabilities and alleged inadequate treatment for these inmates within the correctional setting.
- Court decisions requiring improved care and treatment of inmates and employment of sufficient numbers of trained staff.

In February 1999, the Board was advised that a critical shortage of psychiatric technicians existed at Porterville Developmental Center. As a result, the Board began to work collaboratively with other state agencies and psychiatric technician programs to increase the supply of licensees.

The following demonstrates the progress to date.

- Effective April 16, 1999, Napa Valley College Psychiatric Technician Program was approved to change its program from three (3) semesters to 12 months. This change will allow programs to increase their production of trained personnel in a shortened time frame.
- Effective June 25, 1999, Atascadero School of Psychiatric Technology was approved to increase its enrollment by 15 students per calendar year.

- Effective November 19, 1999, Atascadero School of Psychiatric Technology was approved to increase enrollment by 90 students per calendar year.

All of the above programs meet the Board's requirements relative to sufficient faculty, clinical facilities and licensure examination pass rates as pre requisites to increasing enrollments.

NEW PSYCHIATRIC TECHNICIAN EXAMINATION PROCESS



Effective September 1, 1999, the Board closed its Psychiatric Technician Testing Centers in Sacramento and Los Angeles. The Board entered into a contract with Experior Assessments, Inc. (Experior) to administer its PT examinations.

Once the Board approves the application for examination, candidate eligibility is electronically transmitted to Experior, who is responsible for mailing a Candidate Handbook to PT candidates with instructions on scheduling their own examination appointment. Experior began testing candidates September 1, 1999.

There are no examination registration forms or fees; candidates call the toll-free number in the Candidate Handbook and schedule their examination at one of Experior's testing centers, located in Fresno, Colton, Cerritos, Van Nuys, Fremont, Sacramento, Alameda, Diamond Bar and San Diego. Candidates must take the examination within one year of the eligibility date indicated on the Candidate Handbook.

Examination results are mailed to candidates by the Board approximately two weeks after the test date. Experior is not authorized, under any circumstances, to release examination results to a candidate.

Psychiatric Technician Blood Withdrawal Certification: Update

As reported in the last issue of *PRN*, new regulatory language was adopted that authorized the Board's implementation of a new post – licensure program for psychiatric technicians. Under this program, psychiatric technicians who hold current licensure may be certified by the Board to withdraw peripheral venous blood from a client with a mental illness or developmental disability.

Certification in blood withdrawal is not required for licensure; however, certification *is* required for blood withdrawal by a psychiatric technician. It is voluntary and can only be obtained post – licensure.

Psychiatric Technician licensees may qualify for certification by one of the following methods.

- Completion of a Board – approved course in blood withdrawal for Psychiatric Technicians.
- Verification of competency by a licensed physician, registered nurse, or clinical laboratory scientist (technologist).

The one - time cost to the licensee is \$20.00. The fee to become a Board – approved provider of blood withdrawal courses is \$150.00 every two years.

The program was implemented on January 19, 1999.

To date:

- Two (2) providers are approved by the Board. The first provider was approved on September 16, 1999.
- Blood withdrawal certification was issued to four (4) psychiatric technicians.

It must be emphasized that a blood withdrawal course for Licensed Vocational Nurses is not comparable and cannot be accepted or substituted for a blood withdrawal course for Psychiatric Technicians.

Licensees seeking certification and those seeking approval as course providers should contact the Board's Psychiatric Technician Unit at (916) 263-7830. Information and application materials will be forwarded upon request.

Department of Justice Applicant Live Scan Project

The Department of Consumer Affairs successfully implemented the Department of Justice (DOJ) Applicant Live Scan process, a system for the electronic submission of fingerprints and subsequent automated background check and response, for several of its licensing programs.

The Board is currently researching the implementation of Applicant Live Scan for vocational nurse and psychiatric technician applicants.

Live scan technology replaces the process of recording an individual's fingerprint patterns through a rolling process using ink and a standard 8" X 8" fingerprint card. Digitizing the fingerprints allows the electronic transfer of the fingerprint image and the applicant's personal information to DOJ in a matter of seconds, instead of the days required to send hard copy fingerprints through the mail. The applicant information is processed electronically, and the fingerprint results electronically transmitted back to the submitting agency via e-mail. When the entire process is automated, DOJ is able to process up to 95% of electronic applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

(Continued on page 12, see Live Scan)

ENFORCEMENT

DISCIPLINARY ACTION LIST AVAILABLE



The Board publishes and distributes its Disciplinary Action List in January and July each year. The list identifies licensees who were formally disciplined by the Board during the six months immediately preceding publication of the list.

Examples of formal discipline include:

Revocation: The license is taken away from the licensee for a minimum of one year;

Suspension: The license is temporarily taken away from the licensee for not less than 30 days;

Probation: The license is placed on probationary status which includes specific terms and conditions of compliance; and

Cite/Fine: The licensee is issued a citation and required to pay a fine commensurate with the violation committed.

The Board recently published the Disciplinary Action List containing the names of licensees whose license was disciplined during the period from July 1 through December 31, 1999. To receive a copy of the new list, call (916) 263-7823, or you can access the list on the Board's Internet web site <http://www.bvnpt.ca.gov>.

Live Scan

(Continued from Page 11)

Issues of concern to the Board include:

- DOJ does not yet have live scan terminals available in all counties within the state;
- Applicants residing outside of the State of California will not have access to live scan terminals; and

- The Board must establish a separate process for collecting fingerprint fees for applicants who do not have access to live scan terminals.

Expert Witnesses Needed

The Board is recruiting qualified individuals to review Enforcement cases for preparation of expert opinions.

The California Evidence Code defines an Expert Witness as a person who "has special knowledge, skill, experience, training, or education sufficient to qualify him/her as an expert on the subject to which his/her testimony relates..."

An Expert Witness must:

- Hold a current and valid license in California as a registered nurse, vocational nurse or psychiatric technician;
- Have worked directly with licensed vocational nurses and/or psychiatric technicians within the last 12 months as either an educator or practitioner;
- Have knowledge of standards of practice for licensed vocational nurses and/or psychiatric technicians in California;
- Be able to interpret the Vocational Nursing Practice Act and/or the Psychiatric Technician's Law;
- Be able to write clear, succinct expert opinions; and
- Be able to testify at scheduled administrative and criminal hearings.

Expert Witnesses are paid \$40 per hour for case review and preparation of the expert opinion, and \$250 per day, plus expenses, when called to testify at an administrative or criminal hearing.

All qualified individuals who are interested in working with the Board as an Expert Witness are encouraged to complete an application available on the Board's Internet web site at <http://www.bvnpt.ca.gov> or by contacting the Enforcement Unit, at (916) 263-7825.

Board Members

Board members are the policy and decision makers. The Board meets five times a year and additionally holds Committee meetings throughout the year, as needed.

The Board is comprised of eleven members. Legislation (Statutes of 1997, Chapter 759 [SB 827]) changed the composition of the Board by converting one licensed vocational nurse member position to a public member position to create a 6 to 5 public member majority. The current composition of the Board includes two licensed vocational nurses, two psychiatric technicians, one registered nurse, and six public members.

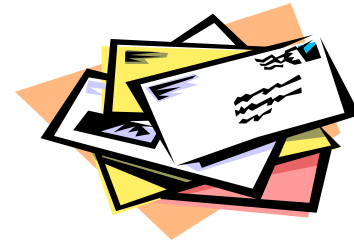
Nine of the members are appointed by the Governor, including four public members (increased from three members per Statutes of 1999, Chapter 655 [SB 1308]) and five licensed members; one is appointed by the Senate President Pro Tempore; and one is appointed by the Assembly Speaker.

Board Member Reappointment

Senator John Burton, Chairman, Senate Rules Committee, announced in a May 22, 1999 letter the reappointment of *Sister Marie de Porres Taylor*, Public Member, to serve a second term on the Board. Her term expires on June 1, 2003.

Election of New Officers

At the recent regular Board meeting held February 4, 2000 at the Clarion Hotel Bay View San Diego in San Diego, California, an election of Board Officers for Year 2000 was held. The Board Members elected Charles Bennett, President; and Carolyn Duncan, Vice President.



CHANGE OF ADDRESS

Pursuant to the California Business and Professions Code, Section 136, licensees are required to notify the Board at its principal office of any changes of mailing address within 30 days after the change. Violation of this statute may result in the issuance of a citation and fine. Additionally, failure to notify the Board of a new address will result in unnecessary delays in receipt of your renewal forms, renewed license, and other important correspondence from the Board.

Please submit your change of address in writing to the Board and be sure to include your name, license number, old address and new address.

2000 BOARD MEETING DATES

April *13-14, 2000
Fresno, CA

June *15-16, 2000
Los Angeles, CA

September *28-29, 2000
Ontario, CA

November *16-17, 2000
Sacramento, CA

* Reinstatement Hearings and Disciplinary Actions are conducted on the first Board Meeting day.

All Board Meeting dates and locations are subject to change. Information regarding the specific meeting site, with an address, shall be noticed on the official Board Meeting agenda and website. The agenda is mailed to individuals on the Board's general mailing list approximately 2-3 weeks prior to the actual Board Meeting date. Interested parties should call the Board at (916) 263-7800 to confirm the date and specific meeting site of any Board meeting.

<http://www.bvnpt.ca.gov>

One of the Board's strategic goals is to communicate effectively and work cooperatively with its stakeholders. To meet this goal the Board is now on the Web.

The webpage provides information regarding the Board's roles, functions and services, as well as issues and concerns pertaining to health care and the disciplinary process.

Updated, redesigned and enhanced to meet the State's official standards, the website is averaging 2000 hits per month. Take a look!

IMPORTANT TELEPHONE NUMBERS

The following is a list of telephone numbers you may call should you require assistance:

- For general LVN information and questions about Examinations, call (916) 263-7800.
- For general PT information and questions about Examinations, call (916) 263-7830.
- For questions about an LVN or PT "scope of practice", call the Board's Education Unit at (916) 263-7843.
- To file a complaint against a licensee, call the Board's Enforcement Unit at (916) 263-7822.

OTHER REGULATORY AGENCIES

- ❖ For questions regarding Registered Nurses (RNs), call the Board of Registered Nursing at (916) 322-3350.
- ❖ For questions regarding Certified Nurse Assistants (CNAs), call the Department of Health Services, Licensing & Certification Unit, at (916) 327-2445.

PRN

*The official newsletter of the Board of Vocational
Nursing and Psychiatric Technicians*

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State of California

Aileen Adams, Agency Secretary
State and Consumer Services Agency

Kathleen Hamilton, Director
Department of Consumer Affairs

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*This newsletter is presented to inform the reader of current
Board policies, issues and activities with respect to the
practice of licensed vocational nurses and psychiatric
technicians in the State of California.*